



## **OUTPATIENT SERVICES AGREEMENT FOR COLLATERALS**

### **INTRODUCTION**

You are participating in therapy because a spouse, member of your family, or a friend has asked you to be involved. Your participation is important, and is sometimes essential, to the resolution of problems. This document is to explain your rights and responsibilities, and the limits of your rights, in your role as a collateral in therapy.

### **WHO IS A COLLATERAL?**

A collateral is usually a spouse, family member, or friend, who participates in therapy with the “identified patient” but is not identified formally as a patient.

### **THE ROLE OF COLLATERALS IN THERAPY**

The role of a collateral will vary greatly. For example, a collateral might attend only one session to provide information to the therapist and never attend another session. In another case, a collateral might attend all therapy sessions and be invested in the therapy process with a focus on his or her own issues, particularly those that interact with the issues of the identified patient.

### **BENEFITS AND RISKS**

You may experience emotional distress as you engage in therapy. Also, you may grow and benefit from the process and find your life enriched in some way. Psychotherapy is a positive experience for many, but it is not helpful to all people.

### **MEDICAL RECORDS**

No record or chart will be maintained on you in your role as a collateral. Notes about you may be entered into the identified patient’s chart. However, you have no right to access that chart without the written consent of the identified patient. You will not carry a diagnosis, and there is not individualized treatment plan for you.

### **FEES**

As a collateral, you have no financial obligation to the identified patient or to me. You will not be billed.

### **CONFIDENTIALITY**

I will maintain your confidence. There are exceptions:

- If I suspect you or anyone you know is abusing or neglecting a child or a vulnerable adult, I will file a report with the appropriate agency.
- If you are a danger to yourself (suicidal), I will take actions to protect your life even if I must reveal your identity to do so.

- If you threaten serious bodily harm to another, I will take necessary actions to protect that person even if I must reveal your identity to do so.

You are expected to maintain the confidentiality of the identified patient (your spouse, family member, friend, or child) in your role as a collateral.

## **DO COLLATERALS EVER BECOME A FORMAL PATIENT?**

Collaterals typically address their own problems in therapy, especially problems that interact with issues of the identified patient. The therapist may recommend formal therapy for a collateral. These are some examples of when this might occur:

- It becomes evident that a collateral is in need of mental health services. In this circumstance, the collateral needs to have a clinician, diagnosis, and chart records kept.
- Parents, being seen as collaterals as their child is being treated, need couples therapy to improve their relationship so they can function effectively as parents.

Most often, but not always, your clinician will refer you to another clinician for treatment in these situations. There are two reasons the referral may be necessary:

- Seeing two members of the same family, or close friends, may result in a dual role, and potentially cloud the clinician's judgment. Making a referral helps prevent this from happening.
- The clinician must keep a focus on the original primary task of treatment for the identified patient. For example, if the clinician started treating a child's behavioral problem, then takes on couples therapy with mom and dad to address their relationship problems, the original focus of therapy on the child may be lost. A referral helps the clinician to stay focused.

One exception to these guidelines is when a family therapy approach (using what is known as systems theory) can be effectively and ethically used to treat all members of the family, or each of the couple.

## **RELEASE OF INFORMATION**

The identified patient is not required to sign an authorization to release information to the collateral when a collateral participates in therapy. The presence of the collateral with the consent of the patient is adequate. However, it is recommended that the patient sign an authorization to release information to the collateral. This provides some assurance that full consent has been given to the clinician for the patient's confidential information to be discussed with the collateral in therapy. The authorization to release information is also helpful to the clinician on those occasions when receiving a telephone call from a collateral or when the clinician calls a collateral for one reason or another. The clinician cannot take a call from a collateral without an authorization to release information from the patient.

## **PARENTS AS COLLATERALS**

Clinicians specializing in the treatment of children have long recognized the need to treat children in the context of their family. Participation of parents, siblings, and sometimes extended family members is common and often expected. Parents, in particular, have more rights and responsibilities in their role as a collateral than in other treatment situations where the identified patient is not a minor.

- The parent has a legal right to access the medical record of the child. The child may need some measure of confidentiality with the clinician. The clinician will negotiate the terms of what is best for your child with you early in the child's treatment. Your child's clinician will always inform you if it is found that your child is in danger to himself/herself or to others.
- If you are participating in therapy with your child, you should expect the clinician to request that you examine your own attitudes and behaviors to determine if you can make positive changes that will be of benefit to your child.

## **SUMMARY**

If you have questions about therapy, my procedures, or your role in this process, please discuss them with me. Remember that the best way to assure quality and ethical treatment is to keep communication open and direct with your clinician. By signing below, you indicate that you have read and understood this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date